

SERFF Tracking Number: META-126696707 State: Arkansas
 Filing Company: Teachers Insurance and Annuity Association of America State Tracking Number: 46072
 Company Tracking Number: CY2009_LAPSE_DENIED_SUIT_ALL REPORTS_TIAA
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
 Product Name: Individual Lapse_Denied_Suit_All Reports_TIAA
 Project Name/Number: Individual Lapse_Denied_Suit_All Reports_TIAA/CY2009_Lapse_Denied_Suit_All Reports_TIAA

Filing at a Glance

Company: Teachers Insurance and Annuity Association of America

Product Name: Individual Lapse_Denied_Suit_ SERFF Tr Num: META-126696707 State: Arkansas

All Reports_TIAA

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Filed

State Tr Num: 46072

Sub-TOI: LTC06.000 Long Term Care - Other

Co Tr Num:

State Status: Closed

CY2009_LAPSE_DENIED_SUIT_A
LL REPORTS_TIAA

Filing Type: Form

Reviewer(s): Marie Bennett, Harris
Shearer

Author: Cherise Crittenden

Disposition Date: 06/28/2010

Date Submitted: 06/28/2010

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Individual Lapse_Denied_Suit_All Reports_TIAA

Status of Filing in Domicile: Authorized

Project Number: CY2009_Lapse_Denied_Suit_All Reports_TIAA

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/28/2010

Explanation for Other Group Market Type:

State Status Changed: 06/28/2010

Deemer Date:

Created By: Cherise Crittenden

Submitted By: Cherise Crittenden

Corresponding Filing Tracking Number:

Filing Description:

This is a LTCI Annual Report Filing. Please refer to the enclosed cover letters.

Company and Contact

Filing Contact Information

Cherise Crittenden, Consultant-Compliance cccrittenden@metlife.com

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MKTG

57 Green Farms Road 203-221-6594 [Phone]
 Westport, CT 06880

Filing Company Information

Teachers Insurance and Annuity Association of America CoCode: 69345 State of Domicile: New York
 730 Third Avenue Group Code: Company Type:
 New York, NY 10017 Group Name: State ID Number:
 (212) 578-2944 ext. 2944[Phone] FEIN Number: 13-1624203

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Teachers Insurance and Annuity Association of America	\$0.00	06/28/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	06/28/2010	06/28/2010

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Disposition

Disposition Date: 06/28/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Denied Claims Report & Cover Letter		Yes
Supporting Document	Lapse and Replacement Report & Cover Letter		Yes
Supporting Document	Suitability Report & Cover Letter		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Denied Claims Report & Cover Letter		
Comments:		
Attachments:		
AR TEACHERS REPORT.pdf		

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AR TEACHERS LETTER.pdf

Item Status: Status
Date:

Satisfied - Item: Lapse and Replacement Report & Cover Letter

Comments:

Attachments:

AR TEACHERS REPORT.pdf

AR TEACHERS LETTER.pdf

Item Status: Status
Date:

Satisfied - Item: Suitability Report & Cover Letter

Comments:

Attachments:

AR TEACHERS REPORT.pdf

AR TEACHERS LETTER.pdf

**CLAIMS DENIAL REPORTING FORMS
LONG-TERM CARE INSURANCE**

**FOR THE STATE OF ARKANSAS
FOR THE REPORTING YEAR OF 2009
Due 2010**

Company Name: Metropolitan Life Insurance Company as Administrator for Teachers Insurance Annuity Association of America **Due:** June 30 annually

Company Address: 57 Green Farms Road, Westport, CT 06880 **Phone Number:** (203) 221-6546
P.O. Box 937, Westport, CT 06881-9909
(for mailing only)

Company NAIC

Number: 69345

Contact Person: Loren Balletto

Line of Business: Individual / Group

Instructions:

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies.

Indicate the manner of reporting by checking one of the boxes below:

- ☐ Per Claimant - counts each individual who makes one or a series of claim requests
☒ Per Transaction - counts each claim request

"Denied" means a claim that is not paid for any reason other than for failure to meet the waiting period or because of an applicable preexisting condition. It does not include claims that are duplicate submissions and were paid as a prior claim.

		STATE DATA	NATIONWIDE DATA ¹
1.	Total Number of Long-Term Care Claim Reported	25	6,260
2.	Total Number of Long-Term Care Claims Denied/Not Paid	4	580
3.	Number of Claims Not paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting <i>(Elimination)</i> Period not met	4	430
5.	Net Number of Long-Term Care Claims Denied for Reporting	0	150

	purposes (<i>Line 2, Minus Line 3, Minus Line 4</i>)		
6.	Percentage of Long-Term Case Claim Denied of Those Reported (<i>Line 5 divided by Line 1</i>)	0.00%	2.40%
7.	Number Long-Term Care Claims Denied due to:		
8.	• Long-term Care Services Not Covered under the Policy ²	0	48
9.	• Provider/Facility Not Qualified under the Policy ³	0	51
10.	• Benefit Eligibility Criteria Not Met ⁴	0	8
11.	• Other ⁵	0	43

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example – home health care claim filed under a nursing home only policy.
3. Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.
5. Examples – Maximum lifetime benefit reached, services paid under another insurance.

Metropolitan Life Insurance Company
Long-Term Care
PO Box 937, Westport, CT 06881-0937



June 30, 2010

The Honorable Jay Bradford
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company as Administrator for Teacher Insurance
Annuity Association of America

In accordance with state long-term care insurance requirements, we are
providing the attached reports for calendar year 2009:

- Denied Claims

Respectfully,

A handwritten signature in black ink, appearing to read "Loren Balletto". The signature is fluid and cursive, with the first and last names being the most prominent.

Loren Balletto
Sr. Product Consultant

Enclosure(s)

**Long-Term Care Insurance
Replacement and Lapse Reporting Form**

For the State of Arkansas

For the Reporting Year of 2009

Company Name: Metropolitan Life Insurance Company
As administrator for Teachers Insurance Annuity Assoc. of America
Company Address: Long-Term Care Group
57 Greens Farms Road
Westport, CT 06880
Contact Person: Loren Balletto, Sr. Product Consultant
Due: June 30th annually, June 2010
Company NAIC Number: **69345**
Phone Number: (203) 221-6546

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold by this Agent	Number of Policies Replaced by this Agent	Number of Replacements as % of Number Sold by this Agent
N/A			

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold by this Agent	Number of Policies Lapsed by this Agent	Number of Lapses as % of Number Sold by this Agent
N/A			

Company Totals: (Individual & Group Business)

Percentage of Replacement Policies Sold to Total Annual Sales _____ 0.00%
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) _____ 0.00%
Percentage of Lapsed Policies Sold to Total Annual Sales _____ 0.00%
Percentage of Lapsed Policies Sold to Policies In Force (as of the end of the preceding calendar year) _____ 0.83%

Metropolitan Life Insurance Company
Long-Term Care
PO Box 937, Westport, CT 06881-0937



May 31, 2010

The Honorable Jay Bradford
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company as Administrator for Teacher Insurance
Annuity Association of America

In accordance with state long-term care insurance requirements, we are
providing the attached reports for calendar year 2009:

- Lapse & Replacement

Respectfully,

A handwritten signature in black ink, appearing to read "Loren Balletto". The signature is fluid and cursive, with the first name "Loren" and last name "Balletto" clearly distinguishable.

Loren Balletto
Sr. Product Consultant

Enclosure(s)

METROPLITAN LIFE INSURANCE COMPANY
As administrator for Teachers Insurance Annuity
Association of America

SUITABILITY REPORT

For the CALENDAR YEAR 2009
Due: June 30, 2010

For the State of: **Arkansas**

Company Name: Metropolitan Life Insurance Company as administrator Teacher's
Insurance Annuity Association of America
NAIC #: 69345
Company Address: Long-Term Care Group
57 Greens Farms Road
Westport, CT 06880
Contact Person: Loren Balletto, Sr. Product Consultant
Phone Number: (203) 221-6546

• TOTAL APPLICATIONS RECEIVED	0
• NUMBER OF THOSE WHO DECLINED TO PROVIDE INFORMATION ON THE PERSONAL WORKSHEET	0
• NUMBER OF APPLICANTS WHO DID NOT MEET SUITABILITY STANDARDS	0
• NUMBER OF APPLICANTS WHO CHOSE TO CONFIRM AFTER RECEIVING SUITABILITY LETTER	0

Metropolitan Life Insurance Company
Long-Term Care
PO Box 937, Westport, CT 06881-0937



June 30, 2010

The Honorable Jay Bradford
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company as Administrator for Teachers
Insurance Annuity Association of America

In accordance with state long-term care insurance requirements, we are
providing the attached reports for calendar year 2009:

- Suitability

Respectfully,

A handwritten signature in black ink, appearing to read "Loren Balletto". The signature is fluid and cursive, with the first name "Loren" and last name "Balletto" clearly distinguishable.

Loren Balletto
Sr. Product Consultant

Enclosure(s)